OMB#: 0925-0740 Exp Date:

05/2019

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Application

The application deadline is XXXday, Month XX, 2019, at 5 p.m. Eastern Time.

The Mary Frances Picciano Dietary Supplement Research Practicum will be held on May 29-31, 2019, in Bethesda, Maryland. Below you will find an application form for the practicum. Please fill out the following fields, which request contact information and descriptions of your background. There is no way of saving your application in progress, so you may want to compose your responses in a word processing program and plan to fill out the application and submit it in a single session.

You may wish to review the <u>Application & Selection</u> criteria for information about our admission criteria before preparing your application.

If you have any questions about applying, please send an email to ODSPracticum@mail.nih.gov.

Please note: All fields are required unless otherwise noted.

Contact Information

| Salutation (optional) | Select Salutation |
|-----------------------|--|
| First Name | |
| Last Name | |
| Suffix (optional) | Select Suffix |
| Title or position | Click or tap here to enter text. For example, Assistant Professor, Postdoctoral Research Associate, Registered Dietitian |
| Mailing Address 1 | |
| Mailing Address 2 | |
| Mailing Address 3 | |
| City | |
| State or Province | (Required for U.S., Canada, Australia) Select State |

Dietary Supplement Research Practicum: Application

| ZIP/Postal Code | |
|--|---|
| Country | |
| Phone Number | If you reside in the U.S., please include your area code with the telephone number, for example 301–555–5555. If you reside outside the U.S., please include your country code. |
| Affiliation (Institution/Company) Email | |
| Confirm Email | (Please re-type your email address here) |
| How did you hear about the practicum? (optional) | Select |
| Experience/Backgroui | nd |
| | hat best describes your experience or employment status. You must be able to m. Please do not apply if you cannot commit to participating for the entire two and ease check all that apply. |
| I am a full-time assis | tant, associate, or full professor. |
| I am a doctoral stude | ent, postdoc, or a fellow (as of September 2019). |
| | e student in a recognized academic program or am attending medical, dental, or d non-doctoral-level professional program. |
| | olth professional with at least a master's degree from a recognized academic her a healthcare, educational, or industrial setting or is self-employed. |
| I am a part-time or a | djunct faculty member at a recognized academic institution. |
| I have attended the p | practicum before. |
| Previous Applications | |
| Have you previously appli Supplement Research Pra | ed, but were not accepted, to attend the Mary Frances Picciano Dietary cticum? |
| Yes | No No |
| If yes, please enter year | : |

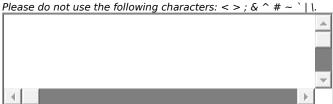
Curriculum Vitae/Resume

Please provide a copy of your CV or resume in PDF format.

Additional Information

Please use this box to provide any additional information you would like to share with the selection committee.

(500 characters or fewer)

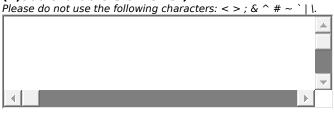


NOTE: The following sections are required from master's degree and doctoral students, postdocs, and fellows only:

Personal Statement

Explain why this practicum is important to you in your career development or your work. Make your best case for attending this practicum.

(2,000 characters or fewer)



Confirmation of Enrollment Letter

Master's degree and doctoral students, postdocs, and fellows need to provide the email address of their department head or immediate supervisor to confirm enrollment status. Please enter in the box below.